

CLUSTER CONCEPT PLAN

APPLICATION



January 1, 2015

Beginning July 1, 2012, per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications until June 18, 2017.

Stafford County Department of Planning & Zoning

**1300 Courthouse Road
P.O. Box 339
Stafford, VA 22555-0339**

**Phone: (540) 658-8668
Fax: (540) 658-6824**

www.staffordcountyva.gov

Application Submittal Checklist

- ☐ Completed **“Project Information & Primary Contacts”** form
- ☐ Completed **“Detailed Project Description”**
- ☐ Completed **“Cluster Concept Plan Fee Calculation”** sheet and appropriate fees payable to “County of Stafford” **including 2.75% TECHNOLOGY FEE.**
- ☐ Signed **“Statements of Understanding”** from the owner(s) and applicant
- ☐ Ten (10) 24”x 36” sets of plan

RECEIVED:	OFFICIALLY SUBMITTED:
DATE:_____ INITIALS _____	DATE:_____ INITIALS _____

Project Information & Primary Contacts

Major SP <input type="checkbox"/>	Cluster Concept Plan <input type="checkbox"/>	Minor Plat <input type="checkbox"/>	Final Subd. Plat <input type="checkbox"/>
Infrastructure Plan <input type="checkbox"/>	Preliminary Plan <input type="checkbox"/>	BLA/DED/VACA <input type="checkbox"/>	Family Subd. Plat <input type="checkbox"/>
Minor SP <input type="checkbox"/>	Construction Plan <input type="checkbox"/>		
Grading Plan <input type="checkbox"/>	Technical Change <input type="checkbox"/>		

<u>PROJECT INFORMATION</u>	<u>PROJECT #</u> _____
_____ PROJECT NAME	_____ SECTION
_____ ADDRESS (IF AVAILABLE)	_____ TOTAL SITE ACREAGE
_____ TAX MAP /PARCEL(S)	_____ ZONING DISTRICT
_____ LOCATION OF PROJECT	

<u>APPLICANT/AGENT</u>	Primary Contact Person <input type="checkbox"/>				
_____ NAME	_____ COMPANY				
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP		
_____ PHONE NUMBER				_____ FAX NUMBER	_____ EMAIL ADDRESS

<u>OWNER</u> (Provide attachments if multiple owners)	Primary Contact Person <input type="checkbox"/>				
_____ NAME	_____ COMPANY				
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP		
_____ PHONE NUMBER				_____ FAX NUMBER	_____ EMAIL ADDRESS

<u>PROFESSIONAL</u> (Engineer, Surveyor, etc.)	Primary Contact Person <input type="checkbox"/>				
_____ NAME	_____ COMPANY				
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP		
_____ PHONE NUMBER				_____ FAX NUMBER	_____ EMAIL ADDRESS

Detailed Project Description

CLEARLY INDICATE ALL INFORMATION THAT APPLIES TO THIS PROJECT:

DETAILED PROJECT DESCRIPTION

REQUIRED CALCULATIONS

_____ # of Lots

:

Are/were there any **CONDITIONS** associated with this application?
Please provide Project Application Number:

Conditional Use Permit(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Resolution(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Rezoning(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Ordinance(s)/Proffers	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Zoning Appeal(s), Variance(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Special Exception(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Waiver(s), Appeal(s), Exception(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO

Fee Calculation

***Total application fee is for the administrative process and review of this application, and does not constitute an approval of the Cluster Concept Plan.

A. Base Fee \$ 250.00

B. General Fee
(_____ Lots) x (\$5 /Lot) = \$.00

C. Utilities Review Fee (if providing water &/or sewer) \$ 400.00

SUBTOTAL \$.00

Per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications until June 18, 2017. + 2.75% \$

GRAND TOTAL \$

THE ABOVE FEES ARE TO BE MADE PAYABLE TO: **COUNTY OF STAFFORD**

Statements of Understanding

I, as owner/co-owner of the property subject to this application, do hereby certify that I have read and understood the requirements of this submission of cluster concept plans for review and approval as provided under the Subdivision Ordinance, Chapter 22 of the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Zoning Ordinance for the zoning districts in which this project is located.

Signature of Owner/Co-Owner	Printed Name	Date
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Signature of Owner/Co-Owner	Printed Name	Date
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Signature of Owner/Co-Owner	Printed Name	Date
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I, as applicant or agent for the owner(s) of the property subject to this application, do hereby certify that I have submitted this application for cluster concept plans for review and approval as provided under the Subdivision Ordinance, Chapter 22 of the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Zoning Ordinance for the zoning districts in which this subdivision is located.

Signature of Applicant/Agent	Printed Name	Date
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Checklist for Cluster Concept Plan Subdivision

This checklist is to be completed by the engineer / plan preparer and shall be submitted as part of the application.

N/A	COMPLETE	Filing
<input type="checkbox"/>	<input type="checkbox"/>	22-57.B CERT OF PLAN PREPARER
<input type="checkbox"/>	<input type="checkbox"/>	22-57.B SCALE 1"=100'
<input type="checkbox"/>	<input type="checkbox"/>	22-57.B KEY PLAN & MATCH LINES
		Content
<input type="checkbox"/>	<input type="checkbox"/>	22-58.1 SUBDIVISION NAME/SECTION
<input type="checkbox"/>	<input type="checkbox"/>	22-58.1 MAGISTERIAL DISTRICT/COUNTY/STATE
<input type="checkbox"/>	<input type="checkbox"/>	22-58.1 NAME/ADDRESS OF OWNER &/OR SUBDIVIDER & PLAN PREP
<input type="checkbox"/>	<input type="checkbox"/>	22-58.1 INCL REVISION DATES
<input type="checkbox"/>	<input type="checkbox"/>	22-58.1 NUMBER SHEETS 1 OF ##
<input type="checkbox"/>	<input type="checkbox"/>	22-58.1 MATCH-LINE KEY PLAN
<input type="checkbox"/>	<input type="checkbox"/>	22-58.1 OVERALL PLAN/INFO LEGEND
<input type="checkbox"/>	<input type="checkbox"/>	22-58.1 NORTH ARROW
<input type="checkbox"/>	<input type="checkbox"/>	22-58.1 SIGN LINE FOR SUBDIVISION AGENT OR DESIGNEE
<input type="checkbox"/>	<input type="checkbox"/>	22-58.2 VICINITY MAP/1"=2,640 OR LARGER W/DETAILS
<input type="checkbox"/>	<input type="checkbox"/>	22-58.3 TOPOGRAPHIC MAP, ≤10' INTERVALS
<input type="checkbox"/>	<input type="checkbox"/>	22-58.4.A EXISTING STREET DIMENSIONS/NAMES
<input type="checkbox"/>	<input type="checkbox"/>	22-58.4.A EXISTING PUBLIC WATER & SEWER W/DIMENSIONS
<input type="checkbox"/>	<input type="checkbox"/>	22-58.4.A EXISTING ROW W/LR# & DIMENSIONS
<input type="checkbox"/>	<input type="checkbox"/>	22-58.4.A EXISTING LOT LINES W/ BEARINGS/DIMENSIONS
<input type="checkbox"/>	<input type="checkbox"/>	28-58.4.A LOC OF CEMETERIES
<input type="checkbox"/>	<input type="checkbox"/>	22-58.4.B PROPOSED STREET LOC/DIM/NAME
<input type="checkbox"/>	<input type="checkbox"/>	22-58.4.B PROPOSED LOTS/DIMENSIONS/BEARINGS/LOCATION
<input type="checkbox"/>	<input type="checkbox"/>	22-58.4.B BOUNDARY SURVEY & TOTAL ACRES OF SITE
<input type="checkbox"/>	<input type="checkbox"/>	22-58.4.B OPEN SPACE AREA & % OF TOTAL AREA OF TRACT
<input type="checkbox"/>	<input type="checkbox"/>	22-58.4.B DRIVEWAY/STREET ACCESS PTS
<input type="checkbox"/>	<input type="checkbox"/>	22-58.4.C BOUNDARIES
<input type="checkbox"/>	<input type="checkbox"/>	22-58.4.D NUMBER OF LOTS PROPOSED
<input type="checkbox"/>	<input type="checkbox"/>	22-58.4.D AREA OF EACH LOT
<input type="checkbox"/>	<input type="checkbox"/>	22-58.5.A LAND PUBLIC/COMMON USE
<input type="checkbox"/>	<input type="checkbox"/>	22-58.6.B WATER/SEWER CONCEPT PLAN
<input type="checkbox"/>	<input type="checkbox"/>	22-58.7 PARENT PARCEL LINES/TAX MAP
<input type="checkbox"/>	<input type="checkbox"/>	22-58.8 ZONING/USE/ABUTTING SUBDIVISIONS/ADJ ZONING/USE/TAX MAP
<input type="checkbox"/>	<input type="checkbox"/>	22-58.11 PROFFERS/IMPLEMT PLAN/AMENITIES
<input type="checkbox"/>	<input type="checkbox"/>	22-58.12.A PROPOSED WELL/DISPOSAL SYSTEM
<input type="checkbox"/>	<input type="checkbox"/>	22-58.13 OPEN SPACE LAND IN CLUSTER SUBDIVISION
<input type="checkbox"/>	<input type="checkbox"/>	28-118 WATER/SEWER/DRAINFIELD REQ MNT
		Minimum Street Improvements
<input type="checkbox"/>	<input type="checkbox"/>	22-201 FUNCTIONAL STREET CLASSIFICATION
<input type="checkbox"/>	<input type="checkbox"/>	22-212 MIN WIDTH ROW
<input type="checkbox"/>	<input type="checkbox"/>	22-213 STREET NAMES
		Table of Uses and Standards
<input type="checkbox"/>	<input type="checkbox"/>	28-35 TABLE 3.1 LOT WIDTH/SETBACKS (BULK REQUIREMENTS)
		Overlay Districts
<input type="checkbox"/>	<input type="checkbox"/>	28-57-65 LIST APPLICABLE OVERLAY DISTRICT

CERTIFICATION OF CHECKLIST FOR Cluster Concept Plan

I, _____ duly licensed/certified in the Commonwealth Of Virginia, do hereby certify that the plans submitted with this checklist conform to the requirements of the Stafford County Code. I further certify that the above checklists are both complete and accurate.

Signature

Certification